

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

19/455 484  
APPLICANT(S)

FILING DATE

12-06-99

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1			
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20	1		1		1	
21		3		3		3
22		1		1		1
23		1		1		1
24	1		1		1	
25		1		1		1
26	1		1		1	
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35		1		1		1
36	1		1		1	
37		3		3		3
38		1		1		1
39		1		1		1
40	1		1		1	
41		1		1		1
42	1		1		1	
43		1		1		1
44					1	
45						1
46						1
47						1
48						1
49						
50						
TOTAL IND.	8		8		8	
TOTAL DEP.	39		39		40	
TOTAL CLAIMS	47		47		48	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						